



NATIONAL STANDARDS for Diabetes Self-Management Education Programs & Utah Diabetes Self-Management Education Certification Criteria

The Utah Diabetes Education Certification Program criteria are based on the three areas of program content and development delineated in “National Standards for Diabetes Self-Management Education Programs” (*Diabetes Care*, volume 33, supplement 1, January 2010). These areas are **Structure**, **Process**, and **Outcomes**.

This document lists each of the National Standards followed by Utah’s criteria for each standard. Each criterion includes the documentation required for the standard, the process by which the standard will be evaluated, and the frequency with which the documentation is to be reported to the Utah Diabetes Prevention & Control Program (UDPCP).

STRUCTURE

Standard 1. The Diabetes Self-Management Education (DSME) entity will have documentation of its organizational structure, mission statement and goals, and will recognize and support quality DSME as an integral component of diabetes care.

Criterion 1-1. There are clearly identified lines of authority for the diabetes program, advisory committee, diabetes program coordinator, and diabetes education instructors within the organization.

Documentation Required:	An organizational chart for the program.
Application Process:	Attach copy of chart.
Reporting Frequency:	Every three years (at the time of certification).

Criterion 1-2. A mission statement briefly describes the purpose of the program and serves as a guiding framework for the program’s goals and objectives. The diabetes program goals should be measurable and regularly evaluated.

Documentation Required:	Program mission statement and goals.
Application Process:	Attach copy of mission statement and goals.
Reporting Frequency:	Every three years (at the time of certification).

Criterion 1-3. A written statement is in place that indicates the diabetes education program is an integral component of diabetes care. This statement may be either a letter or a formal policy signed by the organization's administration.

Documentation Required:	Statement written by the sponsoring organization's administration affirming that education is an integral component of diabetes care.
Application Process:	Attach copy of policy or letter.
Reporting Frequency:	Every three years (at the time of certification).

Standard 2. The DSME entity shall appoint an advisory group to promote quality. This group shall include representatives from the health professions, people with diabetes, the community, and other stakeholders.

Criterion 2-1. A written policy is in place defining the membership responsibilities of the advisory committee.

Documentation Required:	Advisory committee policy.
Application Process:	Attach copy of the policy.
Reporting Frequency:	Every three years (at the time of certification).

Criterion 2-2. Advisory committee membership may vary based upon the needs of the community it serves. Committee membership must include at least one health professional (preferable a primary care provider such as an MD, DO, APRN, or PA-C), a community member (such as clergy, business owner, politician, etc.), and a health care consumer affected by diabetes. Other members of the committee may include, but are not limited to: diabetes educator, behavioral science specialist, exercise physiologist, pharmacist, physical therapist, ophthalmologist, and/or podiatrist. All members of the committee must have either professional or personal experience with diabetes.

Documentation Required:	An advisory committee membership list.
Application Process:	Attach copy of list.
Reporting Frequency:	At the time of certification, and annually thereafter.

Criterion 2-3. The advisory committee will meet *at least* once a year to review program outcome data and community concerns, and to participate in program planning.

Documentation Required:	Agenda and minutes of advisory committee meeting(s).
Application Process:	Attach copy of most recent committee meeting. Minutes from previous meetings will be reviewed during the site visit.
Reporting Frequency:	Every three years (at the time of certification).

Standard 3. The DSME entity will determine the diabetes educational needs of the target populations(s) and identify resources necessary to meet these needs.

Criterion 3-1. At the inception of the program, and annually thereafter, the target population is defined (numbers and ages of individuals with diabetes, type of diabetes, unique characteristics, race and ethnicity, language, formal education level, reading ability, special educational needs, and barriers to participation in education) and educational needs are determined.

Documentation Required:	Annual needs assessment that includes definition of target population and the population's educational and resource needs.
Application Process:	Attach copy of needs assessment.
Reporting Frequency:	Every three years (at the time of certification).

Criterion 3-2. Resources that meet the needs of the population should be identified and added to a reference list on an on-going basis. These resources may be local or national.

Documentation Required:	List of resources available to meet population needs.
Application Process:	Attach copy of resource list.
Reporting Frequency:	Every three years (at the time of certification).

Criterion 3-3. The organization must allocate adequate resources to the DSME program.

Documentation Required:	Budget showing adequate resources to fund DSME.
Application Process:	Attach copy of program budget.
Reporting Frequency:	Every three years (at the time of certification).

Standard 4. A coordinator will be designated to oversee the planning, implementation, and evaluation of diabetes self-management education. The coordinator will have academic or experiential preparation in chronic disease care and education and in program management.

Criterion 4-1. A job description for the coordinator is developed and includes responsibility for:

- Serving as a liaison between the program staff, the advisory committee, and the agency administration;
- Coordinating new instructor orientation and ensuring instructors receive timely and appropriate continuing education;
- Overseeing the program review and development of the annual program plan;
- Participating in the development of the annual program budget;
- Evaluating program effectiveness and submitting annual outcomes reports to the UDPCP;
- Serving as a member of the advisory committee; and
- Providing on-site supervision of the program.

Documentation Required:	Program coordinator's job description.
Application Process:	Attach copy of job description.
Reporting Frequency:	Every three years (at the time of certification), unless significant changes are made.

Criterion 4-2. The program coordinator is either a Certified Diabetes Educator (CDE) or has some background in administration with experience in program management of individuals with chronic disease. A personnel file is established for the coordinator and updated annually. This file shall contain documentation of competency and qualifications that may include, but are not limited to: curriculum vitae, resume, certifications and professional licenses.

Documentation Required:	Documentation of professional license or certification, and diabetes education program preparation or CDE. Personnel file as described above.
Application Process:	Attach copy of coordinator's professional license or certification, and diabetes education program preparation or CDE. Personnel file will be reviewed at site visit.
Reporting Frequency:	Every three years (at the time of certification), unless a change is made. If there is a change in the Program Coordinator, the organization has three (3) months to notify the UDPCP of the change. The notification should include documentation of the new Coordinator's academic and professional preparation in diabetes education.

PROCESS

Standard 5. DSME will be provided by one or more instructors. The instructors will have recent educational and experiential preparation in education and diabetes management or will be a certified diabetes educator. The instructor(s) will obtain regular continuing education in the field of diabetes management and education. At least one of the instructors will be a registered nurse, dietitian, or pharmacist. A mechanism must be in place to ensure that the participant's needs are met if those needs are outside the instructors' scope of practice and expertise.

Criterion 5-1. The program instructors are health care professionals with recent didactic and experiential preparation in diabetes clinical and educational issues. Instructional staff **must** include at least one registered nurse, **or** one registered dietitian, **or** one pharmacist. The instructors hold current licenses and/or certification from their respective governing bodies. Participation of other professionals such as health educators, social workers, physicians,

podiatrists, etc., is recommended. It is recommended that all instructors work toward earning certification as a diabetes educator (CDE). Community Health Workers (CHWs) may be part of the instructional team if their duties include teaching non-technical and non-clinical components of the curriculum.

Documentation Required:	Professional license or certification, and diabetes education program preparation or CDE.
Application Process:	Attach copies of the instructors' professional licenses or certifications, and their diabetes education program preparation or CDE.
Reporting Frequency:	Every three years (at the time of certification), unless a change is made. If there is a change in the core program instructors (RN, RD, or pharmacist), the organization has three (3) months to notify the UDPCP of the change. The notification should include documentation of the new instructors' professional licenses and/or certifications, and diabetes education program preparation or CDE.

Criterion 5-2. Personnel files for the instructors are established and updated annually with continuing education credits earned over the course of the year. Instructors should attain at least 15 hours of continuing education annually in diabetes, behavioral strategies, and/or educational principles.

Documentation Required:	Personnel files containing continuing education certificates. Master list of continuing education credits earned by all instructors over last three years, including topic, provider, accrediting agency, date, and number of hours earned.
Application Process:	Attach a copy of the list of continuing education credits earned. Personnel files will be reviewed at site visit.
Reporting Frequency:	Every three years (at the time of certification), unless a change is made.

Standard 6. A written curriculum reflecting current evidence and practice guidelines, with criteria for evaluating outcomes, will serve as the framework for the DSME entity. Assessed needs of the individual with pre-diabetes and diabetes will determine which of the content areas listed below are to be provided:

- Describing the *diabetes disease process and treatment options*
- Incorporating *nutritional management* into lifestyle
- Incorporating *physical activity* into lifestyle
- Using *medication(s)* safely and for maximum therapeutic effectiveness

- ***Monitoring blood glucose*** and other parameters and interpreting and using the results for self-management decision making
- **Preventing, detecting, and treating *acute complications***
- **Preventing, detecting, and treating *chronic complications***
- **Developing personal strategies to address psychosocial issues and concerns**
- **Developing personal strategies to promote health and behavioral change**

Criterion 6-1. Federal Medicare regulations require that the written curriculum focuses on the participant's understanding of self-management skills and behavior change as well as diabetes knowledge. The written curriculum must include educational objectives, content outline, instructional methods and materials, and an evaluation method to objectively assess achievement of the participant in all content areas listed above.

Documentation Required:	The written curriculum including all content areas listed in Standard 6.
Application Process:	Attach copy of the curriculum.
Reporting Frequency:	Every three years (at the time of certification), unless significant changes are made. If significant changes are made, the organization has three (3) months to notify the UDPCP of the change.

Standard 7. An individual assessment and education plan will be developed collaboratively by the participant and instructor(s) to direct the selection of appropriate educational interventions and self-management support strategies. This assessment and education plan and the intervention and outcomes will be documented in the education record.

Criterion 7-1. DSME entity will have a written policy that describes the diabetes education process for each participant. The process will include assessment, planning, intervention, and evaluation of learning objectives.

Documentation Required:	Written policy of diabetes educational process.
Application Process:	Attach a copy of educational process policy.
Reporting Frequency:	Every three years (at the time of certification).

Criterion 7-2. An individual assessment is completed for each participant which includes relevant medical history, cultural influences, health beliefs and attitudes, diabetes knowledge, self-management skills and behaviors, readiness to learn, cognitive ability, physical limitations, family support, and socioeconomic factors.

Documentation Required:	Individual assessment form.
Application Process:	Attach copy of assessment form. A sample of de-identified participant records will be reviewed at site visit for completed assessments.
Reporting Frequency:	Every three years (at the time of certification).

Criterion 7-3. Each participant's educational plan includes educational objectives based on his/her individual assessment.

Documentation Required:	Individual educational plan.
Application Process:	A sample of de-identified participant records will be reviewed at site visit for completed educational plans.
Reporting Frequency:	Every three years (at the time of certification).

Criterion 7-4. Post-intervention evaluation shows the participant's success in reaching his or her goals and learning objectives. It also helps to identify areas where additional support and/or education may be needed. Behavioral outcomes to identify may include: nutritional management, physical activity, medication compliance, recognition of complications, risk reduction, seeking foot and eye exams, and development of coping skills. Changes in clinical measures such as A1C, lipids, weight, and blood pressure may also be recorded.

Documentation Required:	Post-intervention evaluation.
Application Process:	A sample of de-identified participant records will be reviewed at site visit for completed evaluations.
Reporting Frequency:	Every three years (at the time of certification).

Standard 8. A personalized follow-up plan for ongoing self-management support will be developed collaboratively by the participant and instructor(s). The patient's outcomes and goals and the plan for ongoing self-management support will be communicated to the referring provider.

Criterion 8-1. A written policy will be in place to ensure that follow-up plans are developed by the instructor(s) in collaboration with the participant. The policy will also include details as to how information in the follow-up plan will be conveyed to the referring primary care provider.

Documentation Required:	Written policy on personalized follow-up plans.
Application Process:	Attach copy of the policy.
Reporting Frequency:	Every three years (at the time of certification).

Criterion 8-2. The follow-up plan documents patient's original goals and objectives (see Criterion 7-2) as well as outcomes (see Criterion 7-4). The plan should

include on-going participant goals and other pertinent data that may help the primary care provider address the participant's clinical needs.

Documentation Required:	Follow-up plan general form.
Application Process:	Attach copy of form. A sample of de-identified participant records will be reviewed at site visit for completed educational plans.
Reporting Frequency:	Every three years (at the time of certification).

OUTCOMES

Standard 9. The DSME entity will measure attainment of patient-defined goals and patient outcomes at regular intervals using appropriate measurement techniques to evaluate the effectiveness of the educational intervention.

Criterion 9-1. Individual and aggregate outcomes of patient-defined goals will be measured. A written policy must be in place that describes how patient-defined goals will be recorded and tracked.

Documentation Required:	Written policy on tracking patient-defined goals.
Application Process:	Attach copy of the policy.
Reporting Frequency:	Every three years (at the time of certification).

Criterion 9-2. The percentage of participants meeting their individualized goals will be recorded in an annual summary. Data collected to meet the requirements of Criterion 10-1 may also be included in the report. This summary may be used by the advisory committee to evaluate participant satisfaction with the program and attainment of program goals.

Documentation Required:	Annual summary report of individual goal attainment.
Application Process:	Attach summary reports from three previous years.
Reporting Frequency:	Every three years (at the time of certification).

Standard 10. The DSME entity will measure the effectiveness of the education process and determine opportunities for improvement using a written continuous quality improvement plan that describes and documents a systematic review of the entities' process and outcome data.

Criterion 10-1. Data from all program participants will be recorded. A written policy must be in place that describes how data will be collected and which measures will be followed. In addition to measures that meet the unique goals and objectives of the DSME program, data points must also include the following:

- Number of individuals who received two or more A1C tests in the past

- 12 months,
- Number of individuals who received counseling on following a meal plan,
- Number of individuals who received counseling on physical activity
- Number of individuals who received counseling on blood glucose self-monitoring
- Number of individuals who are currently using tobacco
- Number of individuals currently using tobacco who are receiving cessation interventions
- Number of individuals who have pre- and post-program A1C levels on file
- Average pre-program A1C level
- Average post-program A1C level

Documentation Required:	Written policy on outcome measurement tracking.
Application Process:	Attach copy of the policy.
Reporting Frequency:	Every three years (at the time of certification).

Criterion 10-2. Data gathered from the DSME program will be reported to UDPCP each year on a UDPCP-provided reporting form. UDPCP will send the required data form to the program coordinator in July. The program coordinator is responsible for filing the report with UDPCP by September 10. The report must be received by the Monday following September 10 in the event that September 10 falls on a non-business day for state offices (Friday, Saturday, or Sunday).

Documentation Required:	Diabetes Outcome Report Form.
Application Process:	Not required at time of application. When recertification occurs, UDPCP will verify that DSME program has been compliant with Criterion 10-2 throughout certification period.
Reporting Frequency:	Annually by September 10.

Criterion 10-3. The program uses a continuous quality improvement (CQI) process to improve the educational program. The CQI process includes:

- Establishing clearly defined goals/objectives (based on the target population assessment);
- Collecting and analyzing data identified in Criterion 9-1;
- Identifying and implementing process improvement measures;
- Continuing analysis of processes of care and education, health outcomes, and participant satisfaction.

Documentation Required:	A quality improvement plan that delineates goals or objectives, means of data collection and analysis, implementation of process improvement measures, and health outcomes.
Application Process:	Attach copy of a quality improvement plan.
Reporting Frequency:	Annually with the UDPCP Diabetes Outcome Report Form.